

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023769

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 171 Primary Registration District No. 5635 Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 27 1962

VS 300
Rev. 4/59

10540
8540

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sni A Bar		c. CITY OR TOWN Bates City	
Length of stay in 1b Transient		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi W of Bates City		d. STREET ADDRESS (If outside, give location) Rfd. No. 1	
3. NAME OF DECEASED (Type or print) First Rudolph "Rudy" Middle Otto Last Gasau		4. DATE OF DEATH Month June Day 20 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-5-1942
9. AGE (last birthday) 20 yr		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Teachers College Kansas City, Mo.	
11. BIRTHPLACE (City and state or country) U. S.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME William Gasau		13b. MOTHER'S MAIDEN NAME Laura Strobel	
14. NAME OF HUSBAND OR WIFE X X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT William Gasau, Bates City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound fracture skull DUE TO (b) Brain injury DUE TO (c) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Dead suddenly	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) In wife car killed with a truck on 4890	
20c. TIME OF INJURY Hour 1045 a.m. _____ p.m. _____ Month, Day, Year June 20, 1962	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bates City Lafayette Co Mo		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION Bates City COUNTY _____ STATE _____	
21. I attended the deceased from the death to _____ and last saw him alive on Wednesday		Death occurred at 10:45P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature] Coroner		22b. ADDRESS [Signature] Odessa Mo	
22c. DATE SIGNED 6-20-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 23, 1962		23c. NAME OF CEMETERY OR CREMATORY Forest Hill	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. STATE _____	
24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo.		25. DATE RECD. BY LOCAL REG. 6-20-1962	
26. REGISTRAR'S SIGNATURE [Signature]		27. _____	

JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin P. Hauscheld

Licensed Embalmer No. 4159
P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.